

Nathan Wechsler & Company, P.A.
Certified Public Accountants
70 Commercial Street, 4th Floor
Concord, NH 03301

March 24, 2017

New Hampshire Association for the Blind
D/B/A Future In Sight
25 Walker Street
Concord, NH 03301
Attention: Nathalie Fortier

Dear Nathalie:

Enclosed are the original and one copy of the 2015 Exempt
Organization return, as follows...

2015 Form 990

2015 Form NHCT-2A

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
return.

Sincerely,

Kelli D'Amore, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2016

Prepared for	New Hampshire Association for the Blind D/B/A Future In Sight 25 Walker Street Concord, NH 03301
Prepared by	Nathan Wechsler & Company, P.A. 70 Commercial Street, 4th Floor Concord, NH 03301
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	April 18, 2017
Special Instructions	

EXTENDED TO APRIL 18, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2015**Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

B Check if applicable: ☐ Address change ☒ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NEW HAMPSHIRE ASSOCIATION FOR THE BLIND D/B/A FUTURE IN SIGHT		D Employer identification number 02-0223606
	Doing business as		E Telephone number (603) 224-4039
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,414,619.
	25 WALKER STREET		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
City or town, state or province, country, and ZIP or foreign postal code CONCORD, NH 03301			
F Name and address of principal officer: DAVID MORGAN SAME AS C ABOVE			
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.FUTUREINSIGHT.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1912 M State of legal domicile: NH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND IS THE ONLY STATEWIDE, PRIVATE NON-PROFIT ORGANIZATION		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	34
	6 Total number of volunteers (estimate if necessary)	6	182
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,991,038.	Current Year 873,565.
	9 Program service revenue (Part VIII, line 2g)	577,837.	581,951.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	427,814.	827,411.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,163.	73,376.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,059,852.	2,356,303.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,386,088.	1,543,874.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 369,175.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	622,844.	725,232.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,008,932.	2,269,106.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,050,920.	87,197.
	20 Total assets (Part X, line 16)	Beginning of Current Year 9,068,211.	End of Year 9,092,998.
	21 Total liabilities (Part X, line 26)	298,060.	379,156.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,770,151.	8,713,842.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	RANDY PIERCE, CHAIRPERSON		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	KELLI D'AMORE		
Paid Preparer Use Only	Firm's name ▶ NATHAN WECHSLER & COMPANY, P.A.	Firm's EIN ▶ 02-0327524	Check if self-employed ☐ PTIN P01402985
	Firm's address ▶ 70 COMMERCIAL STREET, 4TH FLOOR CONCORD, NH 03301	Phone no. 603-224-5357	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND IS TO ADVANCE THE INDEPENDENCE OF PERSONS WHO ARE BLIND AND VISUALLY IMPAIRED. THE ASSOCIATION CARRIES OUT ITS MISSION BY PROVIDING COUNSELING AND REFERRAL, REHABILITATION TEACHING, ORIENTATION AND

2 Did the organization undertake any significant program services during the year which were not listed onthe prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 387,838. including grants of \$ 0.) (Revenue \$ 343,486.)

EDUCATION SERVICES -

PROGRAMS ARE PROVIDED FOR SCHOOL AGE CHILDREN WHO ARE EXPERIENCING VISUAL DIFFICULTIES AND/OR BLINDNESS: SPECIALIZED INSTRUCTION IN DISABILITY-SPECIFIC COMPENSATORY SKILLS AND ADAPTIVE TECHNIQUES PROVIDED BY A TEACHER OF THE VISUALLY IMPAIRED. PROGRAMS INCLUDE ORIENTATION AND MOBILITY INSTRUCTION, PERSONAL MANAGEMENT AND ALTERNATIVE COMMUNICATION SKILLS. THE ASSOCIATION PROVIDED SERVICE TO 57 STUDENTS IN 20 DISTRICTS DURING THE 2015/2016 SCHOOL YEAR. SERVICES ARE PROVIDED IN THE SCHOOL AND COMMUNITY THROUGHOUT THE 180 SCHOOL DAYS. EACH STUDENT HAS AN INDIVIDUAL EDUCATION PLAN AND SETS SPECIFIC GOALS AND OUTCOMES.

4b (Code:) (Expenses \$ 173,130. including grants of \$) (Revenue \$ 2,740.)

SOCIAL WORK-

THE SOCIAL WORK PROGRAM INCLUDES INDIVIDUAL AND FAMILY ADJUSTMENT TO VISION LOSS COUNSELING, SUPPORT GROUPS AND REFERRALS TO COMMUNITY SERVICES. THE AVERAGE NUMBER OF CLIENTS RECEIVING INTAKE, CASE MANAGEMENT AND REFERRAL MONTHLY IS 36 (433 UNIQUE TOTAL CLIENTS FOR THE YEAR). THE NUMBER OF CLIENTS/FAMILY MEMBERS OFFERED ADJUSTMENT TO BLINDNESS COUNSELING WAS 5 OVER THE PAST YEAR. THE NUMBER OF CLIENTS IN PEER SUPPORT GROUPS IS 53.

4c (Code:) (Expenses \$ 236,551. including grants of \$) (Revenue \$ 95,328.)

LOW VISION SERVICES ARE PROVIDED BY EYE CARE PROFESSIONAL AND LOW VISION THERAPISTS. THESE SERVICES ASSIST PEOPLE WHO ARE PARTIALLY SIGHTED TO USE THEIR REMAINING VISION MORE EFFECTIVELY. THROUGH LOW VISION EVALUATIONS AND TRAINING IN THE USE OF LOW VISION AIDS. 759 CLIENTS RECEIVED LOW VISION SERVICES DURING THE YEAR.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 445,969. including grants of \$) (Revenue \$ 140,396.)

4e Total program service expenses **1,243,488.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	14	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	34	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NH**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **NATHALIE FORTIER, VP OF FINANCE & ADMINISTRATION - 603-224-4039**
NEW HAMPSHIRE ASSOCIATION FOR THE BLIND, 25 WALKER STREET, CONCORD, NH

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

D/B/A FUTURE IN SIGHT

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Form 990 (2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN A. MANCHESTER IMMEDIATE PAST CHAIR	3.00	X		X				0.	0.	0.
(2) THOMAS PARE TREASURER	1.00	X		X				0.	0.	0.
(3) GRACIE CILLEY SECRETARY	1.60	X		X				0.	0.	0.
(4) RANDY PIERCE CHAIR	4.00	X		X				0.	0.	0.
(5) ANTHONY CORRENTI BOARD MEMBER	0.50	X						0.	0.	0.
(6) PAUL DANN BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAVID HAGEN BOARD MEMBER	1.00	X						0.	0.	0.
(8) TIM MURRAY BOARD MEMBER	3.00	X						0.	0.	0.
(9) TERRI MCGREW SECOND VICE CHAIR	1.00	X		X				0.	0.	0.
(10) EILEEN SERRATORE BOARD MEMBER	1.00	X						0.	0.	0.
(11) NATHANIAL ABBOTT FIRST VICE CHAIR	3.00	X		X				0.	0.	0.
(12) MAUREEN KELLIHER ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(13) SHEILA ZAKRE BOARD MEMBER	1.00	X						0.	0.	0.
(14) AHAD FAZELAT BOARD MEMBER	1.00	X						0.	0.	0.
(15) JOHN SHAW BOARD MEMBER	1.00	X						0.	0.	0.
(16) SCOTT WILSON BOARD MEMBER	0.50	X						0.	0.	0.
(17) GEORGE THERIAULT OUTGOING PRESIDENT AND CEO	37.50			X				150,803.	0.	18,944.

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID MORGAN INCOMING PRESIDENT AND CEO	37.50			X				14,831.	0.	1,095.
1b Sub-total								165,634.	0.	20,039.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								165,634.	0.	20,039.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,876.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	866,689.				
	g Noncash contributions included in lines 1a-1f: \$		6,911.				
	h Total. Add lines 1a-1f			873,565.			
Program Service Revenue	2 a <u>SERVICE REVENUE</u>	Business Code	900099	581,951.	581,951.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			581,951.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			182,145.			182,145.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	676,432.			
	b Less: cost or other basis and sales expenses			31,166.			
	c Gain or (loss)			645,266.			
	d Net gain or (loss)			645,266.			645,266.
	8 a Gross income from fundraising events (not including \$ <u>6,876.</u> of contributions reported on line 1c). See Part IV, line 18	a		88,834.			
	b Less: direct expenses	b		24,797.			
	c Net income or (loss) from fundraising events			64,037.			64,037.
	9 a Gross income from gaming activities. See Part IV, line 19	a		11,692.			
	b Less: direct expenses	b		2,353.			
	c Net income or (loss) from gaming activities			9,339.			9,339.
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2,356,303.	581,951.	0.	900,787.

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	298,325.	50,715.	187,945.	59,665.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	954,992.	641,021.	192,133.	121,838.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,517.	15,102.	5,693.	3,722.
9 Other employee benefits	168,811.	97,251.	45,207.	26,353.
10 Payroll taxes	97,229.	52,201.	29,438.	15,590.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,750.		16,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	59,511.		59,511.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	111,531.	6,927.	47,657.	56,947.
12 Advertising and promotion	26,871.	12,382.	4,817.	9,672.
13 Office expenses	28,880.	17,777.	5,161.	5,942.
14 Information technology				
15 Royalties				
16 Occupancy	75,466.	49,251.	14,544.	11,671.
17 Travel	88,255.	76,635.	8,995.	2,625.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,649.	9,087.	122.	2,440.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	47,306.	30,873.	9,117.	7,316.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AIDS AND PROGRAM SUPPLI	99,177.	99,177.		
b GENERAL OFFICE OPERATIO	95,969.	62,632.	18,495.	14,842.
c PRINTING AND PUBLICATIO	31,200.	9,364.	208.	21,628.
d DUES AND PUBLICATIONS	9,663.	1,989.	5,927.	1,747.
e All other expenses	23,004.	11,104.	4,723.	7,177.
25 Total functional expenses. Add lines 1 through 24e	2,269,106.	1,243,488.	656,443.	369,175.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	523.	1	359.
	2 Savings and temporary cash investments	90,206.	2	91,991.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	78,580.	4	59,654.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	28,890.	8	53,642.
	9 Prepaid expenses and deferred charges	31,416.	9	43,962.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,862,458.		
	b Less: accumulated depreciation	1,269,767.		
	11 Investments - publicly traded securities	6,522,914.	11	6,474,693.
	12 Investments - other securities. See Part IV, line 11	1,658,102.	12	1,762,778.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,482.	15	13,228.
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,068,211.	16	9,092,998.	
Liabilities	17 Accounts payable and accrued expenses	131,018.	17	134,296.
	18 Grants payable		18	
	19 Deferred revenue	100.	19	9,270.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	166,942.	25	235,590.
	26 Total liabilities. Add lines 17 through 25	298,060.	26	379,156.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		5,547,227.	27	5,297,888.
28 Temporarily restricted net assets		475,008.	28	612,663.
29 Permanently restricted net assets		2,747,916.	29	2,803,291.
Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		8,770,151.	33	8,713,842.
34 Total liabilities and net assets/fund balances		9,068,211.	34	9,092,998.

Form **990** (2015)

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
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Form 990 (2015)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,356,303.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,269,106.
3	Revenue less expenses. Subtract line 2 from line 1	3	87,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,770,151.
5	Net unrealized gains (losses) on investments	5	-187,533.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	44,027.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,713,842.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **NEW HAMPSHIRE ASSOCIATION FOR THE BLIND**
D/B/A FUTURE IN SIGHT Employer identification number **02-0223606**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule A (Form 990 or 990-EZ) 2015 D/B/A FUTURE IN SIGHT

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	848,953.	954,286.	762,600.	1991038.	874,315.	5431192.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	848,953.	954,286.	762,600.	1991038.	874,315.	5431192.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1703398.
6 Public support. Subtract line 5 from line 4.						3727794.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	848,953.	954,286.	762,600.	1991038.	874,315.	5431192.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	204,056.	180,516.	197,994.	211,403.	182,145.	976,114.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						6407306.
12 Gross receipts from related activities, etc. (see instructions)					12	3,193,406.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	58.18	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	53.83	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☒
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			☐
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			☐
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			☐

Schedule A (Form 990 or 990-EZ) 2015

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule A (Form 990 or 990-EZ) 2015 **D/B/A FUTURE IN SIGHT**

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
- b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule A (Form 990 or 990-EZ) 2015 D/B/A FUTURE IN SIGHT

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Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule A (Form 990 or 990-EZ) 2015 **D/B/A FUTURE IN SIGHT**

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

02-0223606

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

NOT OPEN TO PUBLIC INSPECTION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
D/B/A FUTURE IN SIGHT**

Employer identification number
02-0223606

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
-----------------	---

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V	Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
---------------	--

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,152,963.	5,396,759.	5,087,116.	4,994,764.	5,160,986.
b Contributions	101,461.	1,311,662.	182,683.	335,532.	167,356.
c Net investment earnings, gains, and losses	560,330.	112,403.	804,895.	411,735.	506,674.
d Grants or scholarships					
e Other expenditures for facilities and programs	435,397.	627,686.	641,383.	620,000.	805,000.
f Administrative expenses	59,511.	40,175.	36,552.	34,915.	35,252.
g End of year balance	6,319,846.	6,152,963.	5,396,759.	5,087,116.	4,994,764.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 77.31 %
b Permanent endowment 17.52 %
c Temporarily restricted endowment 5.17 %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

- (i) unrelated organizations
- (ii) related organizations
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Land, Buildings, and Equipment.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		66,000.		66,000.
b Buildings		1,272,323.	820,609.	451,714.
c Leasehold improvements				
d Equipment		524,135.	449,158.	74,977.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				592,691.

Schedule D (Form 990) 2015

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
D/B/A FUTURE IN SIGHT

Schedule D (Form 990) 2015

02-0223606 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARITABLE GIFT ANNUITIES	66,629.	END-OF-YEAR MARKET VALUE
(B) BENEFICIAL INTEREST IN		
(C) TRUSTS	1,696,149.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,762,778.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED DEFERRED COMPENSATION	179,711.	
(3) PRESENT VALUE OBLIGATION OF		
(4) CHARITABLE GIFT ANNUITIES	55,879.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	235,590.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
D/B/A FUTURE IN SIGHT**

Schedule D (Form 990) 2015

02-0223606 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,184,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-187,533.
b	Donated services and use of facilities	2b	4,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	44,027.
e	Add lines 2a through 2d	2e	-139,506.
3	Subtract line 2e from line 1	3	2,323,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,511.
b	Other (Describe in Part XIII.)	4b	-27,150.
c	Add lines 4a and 4b	4c	32,361.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,356,303.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,240,745.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	4,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	27,150.
e	Add lines 2a through 2d	2e	31,150.
3	Subtract line 2e from line 1	3	2,209,595.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	59,511.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	59,511.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,269,106.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE INTENDED USE OF THE ASSOCIATION'S ENDOWMENT FUNDS IS FOR CONTINUED OPERATIONS.

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION IS ALSO EXEMPT FROM STATE INCOME TAXES BY VIRTUE OF ITS ONGOING EXEMPTION FROM FEDERAL INCOME TAXES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO.48,

Part XIII Supplemental Information (continued)

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FASB ASC 740). ACCORDINGLY, MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THE ASSOCIATION HAD MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	55,375.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	-11,348.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	44,027.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING ACTIVITIES	-27,150.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT FUNDRAISING ACTIVITIES	27,150.
--------------------------------------	---------

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number
02-0223606

Part 1

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule G (Form 990 or 990-EZ) 2015 **D/B/A FUTURE IN SIGHT**

02-0223606 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WALK-A-THON (event type)	DINNER IN THE DARK (event type)	NONE (total number)		
Revenue	1	Gross receipts	81,183.	14,527.		95,710.
	2	Less: Contributions	3,069.	3,807.		6,876.
	3	Gross income (line 1 minus line 2)	78,114.	10,720.		88,834.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,119.			2,119.
	7	Food and beverages	2,881.	5,599.		8,480.
	8	Entertainment				
	9	Other direct expenses	13,102.	1,096.		14,198.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				24,797.
	11	Net income summary. Subtract line 10 from line 3, column (d)				64,037.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND

Schedule G (Form 990 or 990-EZ) 2015 **D/B/A FUTURE IN SIGHT**

02-0223606 Page **3**

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCH. G, PART II, LINE 9

OTHER DIRECT EXPENSES: WALK-A-THON FUNDRAISER

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND EXTENDS AN INVITATION TO OTHER REGISTERED NONPROFITS TO SHARE SPONSORSHIPS RAISED DURING OUR ANNUAL WALK-A-THON EVENT. INTERESTED ORGANIZATIONS MUST SUBMIT A COPY OF THEIR IRS DETERMINATION LETTER AND RAISE A MINIMUM OF \$1,000 IN SPONSORSHIPS TO BE ELIGIBLE FOR THE 50/50 SPLIT PROGRAM. IF ELIGIBLE, THE NEW HAMPSHIRE ASSOCIATION FOR THE BLIND WILL ISSUE EACH APPROVED

ORGANIZATION A CHECK FOR FIFTY PERCENT OF TOTAL SPONSORSHIP DOLLARS
RAISED FROM ALL MEMBERS OF THEIR TEAM. IN 2016, THE ASSOCIATION
DISTRIBUTED AND RECORDED AS SPECIAL EVENT EXPENSES, A TOTAL OF \$7,547
TO ELIGIBLE ORGANIZATIONS. ORGANIZATIONS RECEIVING SUCH BENEFITS IN
2016 ARE AS FOLLOWS:

NATIONAL FEDERATION OF THE BLIND - NH CHAPTER

EIN: 02-6012526

PO BOX 314

CENTER SANDWICH, NH 03227

\$1,474

2020 VISION QUEST

FISCAL AGENT OF NHAB

109 E. GLENWOOD AVENUE

NASHUA, NH 03060

\$1,050

DOG GUIDE USERS OF NEW HAMPSHIRE

EIN: 01-0872167

33 HILLSIDE AVENUE

DERRY, NH 03038

\$1,683

CHESTER LIONS CLUB

EIN: 02-6014785

133 EAST DERRY ROAD

CHESTER, NH 03036

\$934

ORDER OF THE EASTERN STAR OF NH

EIN: 23-7092354

Part IV Supplemental Information (continued)

C/O WOODLAND DRIVE

EPSOM, NH 03234

\$1,248

GUIDING EYES FOR THE BLIND

EIN: 13-1854606

611 GRANITE SPRINGS ROAD

YORKTOWN HEIGHTS, NY 10598

\$1,158

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

**NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
D/B/A FUTURE IN SIGHT**

Employer identification number

02-0223606

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Page 2

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

NEW HAMPSHIRE ASSOCIATION FOR THE BLIND
D/B/A FUTURE IN SIGHT

Employer identification number
02-0223606

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THAT PROVIDES VISION REHABILITATION SERVICES TO PEOPLE OF ALL AGES WHO
ARE BLIND OR HAVE SEVERE VISION IMPAIRMENTS. FOUNDED IN 1912, THE
ASSOCIATION IS FULLY ACCREDITED BY THE NATIONAL ACCREDITATION COUNCIL
FOR BLIND AND LOW VISION SERVICES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MOBILITY INSTRUCTION, LOW VISION SERVICES, ASSISTIVE TECHNOLOGY,
VOLUNTEER SERVICES AS WELL AS EDUCATIONAL SERVICES FOR SCHOOL AGE
CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

REHABILITATION TRAINING-

THE REHABILITATION TRAINING PROGRAM HELPS AN INDIVIDUAL ADJUST TO A
VISUAL IMPAIRMENT AND MAINTAIN HIS/HER INDEPENDENCE BY DEVELOPING
PRACTICAL SKILLS OF DAILY LIVING SUCH AS COOKING, BANKING, PERSONAL
GROOMING AND HOME MANAGEMENT, READING AND WRITING BRAILLE, AND DIABETES
MANAGEMENT/EDUCATION. 87 CLIENTS RECEIVED REHABILITATION TRAINING
SERVICES DURING THE YEAR.

EXPENSES \$ 55,541. INCLUDING GRANTS OF \$ 0. REVENUE \$ 62,887.

ORIENTATION AND MOBILITY INSTRUCTION INVOLVES SPECIALIZED TRAINING ON A
ONE-TO-ONE BASIS TO HELP AN INDIVIDUAL DEVELOP SAFE INDEPENDENT TRAVEL
SKILLS AND LEARN NEW ROUTES AND ENVIRONMENTS. 96 CLIENTS RECEIVED
ORIENTATION AND MOBILITY INSTRUCTION DURING THE YEAR.

EXPENSES \$ 107,429. INCLUDING GRANTS OF \$ 0. REVENUE \$ 67,131.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization	NEW HAMPSHIRE ASSOCIATION FOR THE BLIND D/B/A FUTURE IN SIGHT	Employer identification number 02-0223606
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EARLY SUPPORT SERVICES, ADVOCACY ASSISTANCE, PUBLIC EDUCATION,
VOLUNTEER COORDINATION, AND TECHNOLOGY AND BRAILLE SERVICES.
EXPENSES \$ 282,999. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,378.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE IRS FORM 990 DRAFT IS FORWARDED TO THE ENTIRE BOARD FOR
REVIEW AND COMMENTS ARE FORWARDED TO THE VP OF FINANCE AND ADMINISTRATION.
AFTER A PERIOD OF TIME, ALL RECEIVED COMMENTS ARE THEN FORWARDED TO THE
MEMBERS OF THE AUDIT/FINANCE COMMITTEES FOR DISCUSSION AND VOTE FOR
APPROVAL TO FILE. ANY ADJUSTMENTS MADE AT THE COMMITTEE LEVEL ARE
DISTRIBUTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS AND DIRECTORS DISCLOSE TO THE BOARD ANY POSSIBLE CONFLICT OF
INTEREST ANNUALLY BY FILLING OUT A CONFLICT OF INTEREST QUESTIONNAIRE AND
STATEMENT AND RETURNING IT TO THE SECRETARY OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHAIR OF THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE PRESIDENT
AND CEO BY EVALUATION PERFORMANCE BASED ON THE POSITION DESCRIPTION AND
ANNUAL GOALS. THE REVIEW PROCESS IS ASSISTED AND APPROVED BY THE EXECUTIVE
COMMITTEE OF THE BOARD. THE BOARD ALSO REVIEWS COMPARABLE COMPENSATION DATA
WHICH IS AVAILABLE FROM THE FOLLOWING RESOURCES: WWW.GUIDESTAR.ORG,
WWW.NHNONPROFITS.ORG AND A SURVEY CARRIED OUT ANNUALLY BY VISION SERVE
ALLIANCE. ADDITIONALLY, SALARIES OF OFFICERS FROM OTHER SIMILAR SIZED
SERVICE ORGANIZATIONS SERVING THE BLIND THROUGHOUT THE UNITED STATES ARE
COMPARED TO CURRENT COMPENSATION LEVELS. CHAIRMAN OF THE BOARD MAKES ANY

Name of the organization	NEW HAMPSHIRE ASSOCIATION FOR THE BLIND D/B/A FUTURE IN SIGHT	Employer identification number 02-0223606
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RECOMMENDATION TO SALARY ADJUSTMENTS TO THE EXECUTIVE COMMITTEE FOR APPROVAL, WHO WILL UPON APPROVAL FORWARD TO THE FULL BOARD. DOCUMENTATION OF THE REVIEW WILL BE RECORDED IN THE MINUTES OF THE RESPONSIBLE COMMITTEE AND FINAL APPROVAL WILL BE RECORDED IN THE MINUTES OF THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FORM 990 IS AVAILABLE ON-LINE AT WWW.GUIDESTAR.ORG. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. DOCUMENTS WILL BE DELIVERED ELECTRONICALLY OR THROUGH THE POSTAL SERVICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	55,375.
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	-11,348.
TOTAL TO FORM 990, PART XI, LINE 9	44,027.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	NEW HAMPSHIRE ASSOCIATION FOR THE BLIND D/B/A FUTURE IN SIGHT	Employer identification number (EIN) or 02-0223606
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 25 WALKER STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CONCORD, NH 03301	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NATHALIE FORTIER, VP OF FINANCE & ADMINISTRATION - NEW

- The books are in the care of ► **HAMPSHIRE ASSOCIATION FOR THE BLIND, 25 WALKER STREET -**
Telephone No. ► **603-224-4039** Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **SEP 1, 2015**, and ending **AUG 31, 2016**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

State of New Hampshire

Filing fee: \$50.00
Use black print or type.

FILED
Date Filed : 01/25/2017 04:30:00 PM
Effective Date : 01/25/2017 04:30:00 PM
Filing # : 3506802 Pages : 1
Business ID : 763739
William M. Gardner
Secretary of State
State of New Hampshire

APPLICATION FOR REGISTRATION OF TRADE NAME

(PLEASE TYPE OR PRINT CLEARLY)

1. Business name: Future In Sight
(Name **cannot** include "INC." or other corporate designation)
2. Business address: 25 Walker St. Concord NH 03301
No. & Street City / town State Zip
- Mailing address (if different): _____
No. & Street City / town State Zip
3. Brief description of kind of business to be carried on (and if known, list the NAICS Code and Sub-Code): NH non-profit serving the blind and visually impaired through programs and services.
4. Date business organized: 1-20-17

- 5-A. **BUSINESS APPLICANT:** If the applicant is a corporation or other entity, list corporation's or entity's exact name and include title of person signing. If more space is needed for additional entity applicants, please attach additional sheet(s).

New Hampshire Association for the Blind 25 Walker St.
Entity name (type or print) No. Street
Concord NH 03301
Town/City State Zip

DAVID S. MORGAN, President & CEO
AUTHORIZED SIGNATURE
Signer's name and title (type or print)

- 5-B. **INDIVIDUAL APPLICANTS:** Please type or print applicants' name(s), address(es) and include signature. If more space is needed for additional individual applicants, please attach additional sheet(s).

1. _____
Type or print name No. Street
- _____
SIGNATURE Town/City State Zip
2. _____
Type or print name No. Street
- _____
SIGNATURE Town/City State Zip

Business E-Mail: info@sightcenter.org

Business Phone: 603-565-2425 or 603-224-4039

☒ Please check if you would prefer to receive the Reminder Notice by email.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989
Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH

NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
70 COMMERCIAL STREET, 4TH FLOOR
CONCORD, NEW HAMPSHIRE
(603) 224-5357

INSTRUCTIONS FOR FILING

ANNUAL REPORT OF CHARITABLE ORGANIZATION - FORM NHCT-2A

New Hampshire Association for the Blind
D/B/A Future In Sight

YEAR ENDING

August 31, 2016

TO BE SIGNED
AND DATED BY: An officer (signature must be notarized)

AMOUNT DUE: \$0 (\$75.00 previously paid with extension)

DRAW CHECK TO: N/A

MAIL REPORT TO: Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street
Concord, New Hampshire 03301-6397

**THE DEPARTMENT
OF JUSTICE
MUST RECEIVE
FORM BY:** July 15, 2017

SPECIAL
INSTRUCTIONS:

The State requires you to attach a copy of the financial statements. We have attached a copy for you. Please do not remove it.

Office of the New Hampshire Attorney General - Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397

ANNUAL REPORT CERTIFICATE

DON'T FORGET TO ATTACH:

☒ NH APPENDIX (conflicts of interest) ☒ FILING FEE (\$75) ☒ DIRECTOR LIST (name, street address, telephone)

One of the following: ☒ NHCT-2A ☒ IRS Form 990 ☐ 990-EZ or ☐ 990-PF

Are your revenues over **\$500,000**? If **yes**, include GAAP financial statement plus 990 (not for 990-PFs)

Are your revenues over **\$1,000,000**? If **yes**, include audited financial statement plus 990 (not for 990-PFs)

ANNUAL FILING FEE: \$75.00 Make check payable to: State of New Hampshire

<u>NH Association for the Blind D/B/A Future In Sight</u>		<u>08/31/206</u>	
Organization Name		Fiscal Year End	
<u>David Morgan, President & CEO</u>		<u>1877</u>	
In Care of		NH Registration #	
<u>25 Walker Street, Concord, NH 03301</u>			
Address	City	State	Zip

Under the penalties of perjury (RSA 641:1-3), I declare that I have examined this annual report, including all attachments, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of
PRESIDENT, TREASURER OR TRUSTEE

Date

(Print or Type) Name of Officer/Trustee

Title

THE SIGNATURE OF THE EXECUTIVE DIRECTOR IS NOT ACCEPTABLE. (If the organization does not have the office of "President" or "Treasurer", attach an explanation of the signer's authority)

STATE OF _____
COUNTY OF _____

Signed and sworn to (or affirmed) before me on the ____ day of _____, 20____ by the above-named officer or trustee.

My Commission Expires:
[Seal]

Notary Public

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street
Concord, NH 03301-6397

Register of Charitable Trusts

Form NHCT-2A

ANNUAL REPORT

For the calendar year _____
and ending 8/31/2016

or fiscal year beginning 9/1/2015
Registration number 1877

NAME OF ORGANIZATION: New Hampshire Association for the Blind D/B/A Future In Sight
ADDRESS: 25 Walker Street Concord, NH 03301

Please make name/address corrections here:

A) Employer or Federal ID Number: 02-0223606
D) Tax exempt under section 501 (c) (): check here if application for exemption is pending ()
G) Group return filed for affiliates? Yes _____ No X
Separate return filed by group affiliate? Yes _____ No X

***PART I STATEMENT OF SUPPORT, REVENUE, AND EXPENSES AND CHANGES IN
FUND BALANCES:***

Support and Revenue

1) Contributions, gifts, grants \$ See attached
2) Program service revenue (see part V) Form 990
3) Membership dues and assessments
4) Interest on savings and cash investments
5) Dividends and interest from securities
9) Special fundraising events and activities
(Attach schedule¹)
a) Gross revenue \$ _____
b) Minus: direct expenses
c) Net income (line 9a minus line 9b) 0.00

11) Other revenue (see part V)
12) Total revenue (add lines 1,2,3,4,5,9(c) and 11 0.00

Expenses

13) Program services (program service charities only) (see Part III)
14) Management and general (see line 44) 0.00
17) Total expenses (add lines 13 and 14) 0.00

Fund Balances Lines 18 Through 21 Must Be Completed

18) Excess (deficit) for the year (line 12 minus line 17) 0.00
19) Fund balances or net worth at the beginning of the year..(see line 75)
20) Other changes in net assets or fund balance
(ATTACH EXPLANATION)
21) Fund balances or net worth at end of year (add lines 18 and 19)(see also line 75) 0.00

¹ Any organization which engages the services of a professional fund-raiser (paid solicitor, fund raising counsel, etc.) is required to provide the the name and address of the professional fund-raiser as well as detailed information regarding monies raised, fees paid, etc. This information may be submitted as an attached schedule on plain paper. Any organization which sponsors Bingo Games, or sells Lucky 7 tickets or conducts its own events is required to provide detailed information as to the gross amount of revenue received from the games or events, a breakdown of all expenses related to the operation of the function, and the net amount received by the charitable organization.

Organization Name: New Hampshire Association for the Blind D/B/A Future In Sight

PART II STATEMENT OF FUNCTIONAL EXPENSES

22) Grants and allocations (ATTACH SCHEDULE).....	See attached
23) Specific assistance to individuals	Form 990
24) Benefits paid to or for members.....	
25) Compensation of officers, directors, etc.....	
26) Other salaries and wages.....	
27) Pension plan contributions.....	
28) Other employee benefits.....	
29) Payroll taxes.....	
30) Professional fundraising fees.....	
31) Accounting fees.....	
32) Legal fees.....	
33) Supplies.....	
34) Telephone.....	
35) Postage and shipping.....	
36) Occupancy.....	
37) Equipment rental and maintenance.....	
38) Printing and publications.....	
39) Travel.....	
40) Conferences, conventions, meetings.....	
41) Interest.....	
42) Depreciation (attach schedule).....	
43) Other expenses (itemized):	
a).....	
b).....	
c).....	
d).....	
e).....	
44) Total functional expenses (enter on line 14).....	0.00

Organization Name: New Hampshire Association for the Blind D/B/A Future In Sight

PART III STATEMENT OF PROGRAM SERVICES RENDERED (program service charities only)

DESCRIPTION	EXPENSES
a) See attached Form 990	\$
b)	\$
c)	\$
TOTAL - MUST EQUAL LINE 13	\$ 0.00

Organization Name: New Hampshire Association for the Blind D/B/A Future In Sight

PART IV OFFICERS AND DIRECTORS

List ALL Officers, Directors and Trustees. Boards of Directors of voluntary corporations MUST have at least five (5) members who are not related by blood or marriage.

Name See attached Statement A
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Name _____
Home Address _____

Position Held _____
Daytime Phone _____

Attach sheet if additional space is required.

Organization Name: New Hampshire Association for the Blind D/B/A Future In Sight

PART V PROGRAM SERVICE REVENUE AND OTHER REVENUE (State nature)
(Program service charities only)

	<u>Program Service</u>	<u>Other</u>
a) <u>See attached Form 990</u>	<u></u>	<u></u>
b) <u></u>	<u></u>	<u></u>
c) <u></u>	<u></u>	<u></u>
d) <u></u>	<u></u>	<u></u>

PART VI BALANCE SHEETS

	<u>Beginning of Year</u>	<u>End of Year</u>
Assets		
45) Cash - non interest bearing	<u>See attached</u>	<u>See attached</u>
46) Savings and cash investments	<u>Form 990</u>	<u>Form 990</u>
47) Accounts receivable	<u></u>	<u></u>
48) Pledges receivable	<u></u>	<u></u>
49) Grants receivable	<u></u>	<u></u>
50) Receivables due from Officers, Directors, etc.	<u></u>	<u></u>
51) Other notes and loans receivable	<u></u>	<u></u>
52) Inventories for sale or use	<u></u>	<u></u>
53) Prepaid	<u></u>	<u></u>
54) Investments - securities	<u></u>	<u></u>
55) Investments - real estate	<u></u>	<u></u>
56) Investments - other	<u></u>	<u></u>
58) Other assets	<u></u>	<u></u>
59) Total assets (add lines 45 through 58)	<u>0.00</u>	<u>0.00</u>
Liabilities		
60) Accounts payable	<u></u>	<u></u>
61) Grants payable	<u></u>	<u></u>
63) Loans from officers, directors, etc.	<u></u>	<u></u>
64) Mortgages/notes payable	<u></u>	<u></u>
65) Other liabilities	<u></u>	<u></u>
66) Total liabilities (add lines 60 through 65)	<u>0.00</u>	<u>0.00</u>
Fund Balances or Net Worth <u>Line 75 Must Be Completed</u>		
75) Net worth (assets, line 59, minus liabilities, line 66)	<u>0.00</u>	<u>0.00</u>

**NOTE: PLEASE BE SURE TO SIGN THE ANNUAL REPORT CERTIFICATE BEFORE
A NOTARY PUBLIC AND RETURN THE CERTIFICATE AND REPORT TO:**

Office of the Attorney General, Charitable Trusts Unit, 33 Capitol St., Concord, NH 03301-6397

**FAILURE TO FILE ANNUAL FINANCIAL REPORTS WITH THE DEPARTMENT OF JUSTICE IN A
TIMELY MANNER MAY RESULT IN COURT ACTION AND THE IMPOSITION OF CIVIL PENALTIES
OF UP TO \$10,000.00 FOR EACH VIOLATION (RSA 7:28-f II (d))**

OFFICE OF THE NEW HAMPSHIRE ATTORNEY GENERAL
CHARITABLE TRUSTS UNIT
33 Capitol Street, Concord, NH 03301-6397

MUST BE COMPLETED
AND ATTACHED TO FILING

APPENDIX TO ANNUAL REPORT

Name of Organization: New Hampshire Association for the Blind D/B/A Future In Sight

1. Is there currently a conflict of interest policy in effect? Yes x No _____
A Conflict of Interest Policy is required by law. (see RSA 7:19, II)

If No, please provide explanation for not adopting a Conflict of Interest Policy (attach extra pages if necessary): _____

2. Did any officer, Director, Trustee, or member of his/her immediate family obtain a pecuniary benefit from the organization in the last year other than reasonable compensation for services of an executive director, or expenses incurred in connection with his/her official duties? (see RSA 7:19-a)
Yes _____ No x

If Yes, complete the following:

A. Was any real estate transaction involved? Yes _____ No _____

B. Was a loan made to any director, officer or trustee? Yes _____ No _____

C. Was a pecuniary benefit paid in excess of \$500? Yes _____ No _____
If Yes, attach copy of Meeting Minutes.

D. Was a pecuniary benefit paid in excess of \$5,000? Yes _____ No _____
If Yes, attach a copy of each of the following:

- Public Notice made pursuant to RSA 7:19-a, II (d)
- Meeting Minutes
- Employment Contract

E. Provide a **list** of each pecuniary benefit transaction involving a director, officer, trustee or member of their immediate family. Include name(s) of recipient(s) and amount(s) of benefit(s) as required under RSA 7:19-a, II (c) and RSA 7:28 (attach extra pages if necessary).

Name of Recipient: _____ Nature & Amount of Benefit: _____

Name of Recipient: _____ Nature & Amount of Benefit: _____

NOTE: The Director of Charitable Trusts may request **copies** of all contracts, payment records, vouchers and financial records or documents involving a director, officer, trustee or member of the immediate family as authorized under RSA 7:24.

***CERTIFICATION REQUIRED BY CHARITABLE ORGANIZATIONS
THAT ISSUE CHARITABLE GIFT ANNUITIES***

(Must be signed by an officer or director)

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have not previously filed a notification** with the Director of Charitable Trusts, please complete the following:

1. I am the _____ (title) of the _____
_____ (name of organization).

2. I certify that this organization is a charitable organization, and that the annuities issued by the organization are limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: _____

(Print name): _____

If you are a charitable organization that issues charitable gift annuities pursuant to RSA Ch. 403-E, and **you have filed an initial notification** with the Director of Charitable Trusts, you must recertify pursuant to RSA 403-E:3, II(b) by completing the following:

1. I am the _____ (title) of the _____
_____ (name of organization).

2. I certify that the annuities issued by this organization shall be limited to qualified charitable gift annuities as defined in RSA 403-E:1, V.

Date: _____

(Print name): _____

STATEMENT A

	Name	Position	Preferred Mailing Address	Avg Weekly Hours
1	Pierce, Randy	Board Exec - Chair	109 E. Glenwood Street Nashua, NH 03060	4.00
2	Manchester, Susan	Board Exec - Immediate Past Chair	Sheehan, Phinney, Bass & Green 100 Elm Street Manchester, NH 03101	3.00
3	Abbott, Nathaniel	Board Exec - 1st Vice Chair	158 Halls Hill Road Gilmanton Iron Works, NH 03837	3.00
4	Pare, Thomas	Board Exec -Treasurer	Hession & Pare, P.C. 62 Stark Street Manchester, NH 03101	1.00
5	Cilley, Gracie	Board Exec - Secretary	Meredith Village Savings Bank 10 State Route 25, PO Box 177 Meredith, NH 03253-0177	1.60
6	Kelliher, Maureen	Assistant Treasurer	Cambridge Trust Company One Harbour Place, Suite 240 Portsmouth, NH 03801	1.00
7	McGrew, Terri	Board Exec - 2nd Vice Chair	11 Rock Ramond Road Brookline, NH 03033	1.00
8	Ahad Fazelat, MD	Board Member	Medical Eye Center 250 River Road Manchester, NH 03104	1.00
9	Correnti, Anthony	Board Member	NH Eye Associates, P.A. 1415 Elm Street Manchester, NH 03101	0.50
10	Dann, Paul (PhD)	Board Member	88 Brockway Road Hopkinton, NH 03229	1.00
11	Hagen, David	Board Member	327 High Street Hampton, NH 03842	1.00
12	John Shaw	Board Member	7 Atlantic Avenue North Hampton, NH 03862	1.00
13	Murray, Tim	Board Member	239 Gould Hill Road Hopkinton, NH 03229	3.00
14	Scott Wilson	Board Member	31 Alvirne Drive Hudson, NH 03051	0.50
15	Serratore, Eileen	Board Member	The Eye Center of Concord 2 Pillsbury Street, Suite 100 Concord, NH 03301	1.00
16	Zakre, Sheila	Board Member	99 Warren Street Concord, NH 03301	1.00